

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 10.1  
**TITLE:** EXCIMER LASER, PHOTOTHERAPEUTIC KERATECTOMY FOR  
GRANULA CORNEAL DYSTROPHIES

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(a)(1) and (b)

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### I. EFFECTIVE DATE

July 8, 1998

### II. PROCEDURE CODE(S)

65400, 65430, 65435, and 65450

### III. DESCRIPTION

Excimer laser phototherapeutic keratectomy (PTK) is a treatment to correct damage caused by a diseased cornea. The laser system produces its surgical effect by ablative photodecomposition. The PTK procedure involves the removal of the epithelium (outer layer) by vaporizing microscopically thin layers of corneal tissue until the surface irregularities are etched away.

### IV. POLICY

A. PTK is a covered treatment for patients 18 years of age and over with:

1. Decreased best corrected visual acuity and/or with disabling pain that are the result of superficial corneal epithelial irregularities or stromal scars in the anterior one-third of the cornea; and

2. Only after alternative treatment options have failed.

B. Medically necessary services and supplies required in the diagnosis and treatment of disease involving the eye are covered.

C. PTK for surgical intervention in the following eye pathology is covered:

1. Corneal scars and opacity (from trauma and inactive infections);

2. Dystrophies (Reis-Buckler's granular and lattice);

3. Irregular corneal surfaces associated with filamentary keratitis and Salzmann's nodular degeneration;

4. Recurrent corneal erosion syndrome (sporadic and spontaneous episode of epithelial sloughing following an original corneal abrasion as a result of a corneal epithelial dystrophy), which has failed treatment with stromal puncture, lubricants or debridement;

5. Residual band keratopathy after unsuccessful EDTA treatment;

6. Scars subsequent to previous (not concurrent) pterygium excision; and

7. Thygeson's superficial keratitis.

D. PTK is a covered benefit for the following conditions if the patient is fully aware that the treatment might precipitate a recurrence of the herpes simplex infection:

1. A history of herpes simplex infection;

2. Immunocompromised patients or those on drug therapy for severe dry eye problems; and

3. Uncontrolled vascular and autoimmune disease.

## V. EXCLUSIONS

A. Photorefractive keratectomy to correct nearsightedness or farsightedness is not a CHAMPVA covered procedure (see [Chapter 2, Section 10.9, Refractive Keratoplasty](#)).

B. The use of an Excimer Laser system in the following procedures is not a covered benefit.

1. Candidates with previous corneal surgery;

2. Patients with corneal neovascularizations near the ablation zone;

3. Pregnant women;

4. Treatment of corneal pathology in the presence of recurrent or active ocular diseases such as iritis, uveitis, keratitis sicca, or severe blepharitis; and

5. Treatment of scars and irregularities in patients with keratoconus.

**\*END OF POLICY\***